



City of Hermosa Beach
 1315 Valley Drive, Hermosa Beach, CA 90254
 310.318-0203 - Fax 310.372-6186



Received By: CC
 Referred To: CM ofc
 Date Referred: 5-15-18

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print) JULIE WYLIE LEXISNEXIS CLAIMS SOLUTIONS INC		Email:
Address: P.O.BOX 740167		Phone: (678)924-4900 FAX (678)924-4901
City: ATLANTA, GA 30374-0167		Fax:

Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) **Submit all requests to the City Clerk's Office.**

Fire Building 18-0911 12/8/17 840 18TH ST

JOHN MIKITA

Photocopies are \$0.10 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. *Accepted method of payment:* Cash or check. Credit card accepted in person only.

Jul Hy 5/7/18
 Signature Date

<u>For Departmental Use Only:</u>		
Action Requested:	Action Taken:	By _____ Date _____
____ Review Only	____ Document Reviewed	____ Non-Existent Document
____ Copies Requested	____ Copies Provided	____ Other (Please Explain)
	____ Refusal/Reason	
<u>For City Clerk's Use Only:</u>		
Date Requestor Notified _____	Notified By: _____	Date Picked Up or Mailed _____



713034363
5.879

P.O.BOX 740167
ATLANTA,GA 30374-0167
(678)924-4900 FAX (678)924-4901

PAY

**REQUEST COPY
ONLY**

Attention Records Dept.:
Please help us by returning our Control Copy with the report. Thank you.

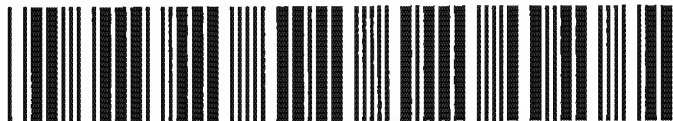
AMOUNT

TO THE
ORDER
OF

COPY

****VOID**VOID**VOID**
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AUTHORIZED SIGNATURE



5/7/18

OUR NUMBER 713034363

REPORT REQUEST



**POLICE RECORDS
PLEASE RESPOND HERE**

☐ Report Attached

Report Cost \$

Number of Pages
(including this sheet)

☐ Unable to Locate Report with info provided

☐ Loss location not in our Jurisdiction
Suggest You Try

☐ No Report Written - Log entry only

☒ Not Releasable / Not Ready

☐ Comments & Suggestions

LOCATION OF LOSS 840 18TH ST

City **HERMOSA BEACH** County **LOS ANGELES** State **CA**

Additional Information

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # State Insured Party **JOHN A MIKITA**

Make Year DOB **11/17/56** SS#

VIN Drivers Lic # State

POLICE or FIRE AGENCY who wrote report?
HERMOSA BEACH FD

Driver #2

Driver #3

LexisNexis Client ID 6626

Division

Claim # 752755F63
Internal Codes

Claims Adjuster

CJ6S



TRAN: 713034363

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9/

HB_AD0000326